

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/890321

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8						
9						
10						
11	1					
12		1				
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22		1				
23						
24						
25						
26						
27		1				
28						
29						
30						
31		1				
32						
33		1				
34						
35						
36						
37		1				
38						
39	1					
40		1				
41						
42						
43						
44						
45						
46		1				
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	10	10	10	10	10	10

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55		1				
56		1				
57						
58						
59						
60	(1)					
61	(1)					
62						
63						
64						
65						
66						
67						
68						
69						
70						
71	1					
72		1				
73		1				
74						
75						
76						
77						
78						
79						
80						
81						
82	1					
83		1				
84						
85						
86			1			
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	29					
TOTAL CLAIMS	36					